Welcome to Broward Health Coral Springs

Thank you for choosing Broward Health Coral Springs Colorectal Program. Our entire staff is committed to providing world-class care, close to home. Using the latest techniques and treatments, we want to ensure your experience with us is excellent. Please carefully read through this booklet, which should answer most of your questions about your upcoming surgery and guide you through your recovery.

PURPOSE OF THE GUIDEBOOK:
Preparation, education, continuity of care and a preplanned discharge are essential for optimum results in colorectal surgery. Communication is essential to this process. The guidebook is designed to educate you so that you know:

• What to expect every step of the way
• What you need to do
• How to take care of yourself after surgery

Remember, this is just a guide. Your physician, nurses or therapists may add to or change any of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information.

Keep your guidebook as a handy reference for at least the first three months after your surgery.
A Coach Makes a Difference
There are many benefits to having a coach supporting you through your surgery. A coach could be your family member or a friend who participates in your care. We encourage them to be with you during your preoperative office visit, preoperative education class, day of surgery and for discharge instructions. We encourage your coach to be present and assist with your care as much as possible. Having a coach in the preoperative education class helps them to be well informed and prepared for your surgical care. You and your coach will also need to plan for your personal care needs when you go home. For example, a coach can help you with shopping, meals, transportation, household chores and any other areas you might need help with. Patients who have strong social support tend to have shorter length of stay, good functional outcomes and a higher postoperative quality of life.

ATTRIBUTES OF A GOOD COACH ARE:
• Caring and compassionate
• Organized and open to learning
• Able and alert
• Confident and motivating
• Helpful and understanding
Recognizing and Preventing Potential Complications

**INFECTION**

**SIGNS OF INFECTION**
- Increasing swelling, redness and pain at incision site
- Change in color, amount and odor of drainage
- Increasing pain
- Fever greater than 100.5F, three or more days after surgery

**PREVENTION OF INFECTION**
- Take proper care of your incision as explained
- Take preventative antibiotics when having dental work or other potentially contaminating procedures
- In general, your incision is doing well if the pain is decreasing daily

**BLOOD CLOTS IN LEGS**

Surgery may cause the blood to slow and coagulate in the veins of your legs, creating a blood clot. This is why blood thinners are taken after surgery.

**SIGNS OF BLOOD CLOTS IN LEGS**
- Swelling that is increasing in thigh, calf or ankle that does not go down with elevation
- Pain, heat and tenderness in calf, back of knee or groin area

**HOW TO PREVENT BLOOD CLOTS**
- Ankle pump exercises

Flex foot. Point Toes. Repeat.
- Walking
- Blood thinners

**PULMONARY EMBOLUS (BLOOD CLOT IN THE LUNG)**

An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency and you should call 911, if suspected.

**SIGNS OF PULMONARY EMBOLUS**
- Sudden chest pain
- Chest pain with a deep breath
- Difficult and/or rapid breathing
- Shortness of breath
- Coughing up blood
- Confusion

**FLEX FOOT. POINT TOES. REPEAT.**
Bowel Management After Colorectal Surgery

Following colorectal surgery, it is common to have a change in bowel function due to the change in the anatomical structure of the colon and rectum. Most patients who have had a portion of their colon removed have little or no long term change in their bowel habit. Bowel changes are more common and problematic in patients who have had a portion of their rectum (the most down-stream portion of the large intestine) removed. The good news is that in the vast majority of patients these changes are temporary and able to be improved with dietary changes, fiber and medications.

The alterations in bowel habit are as varied as the patients themselves. The common complaints are too frequent stools, changes in the consistency of the stool and urgency to get to the bathroom. Many patients complain of erratic bowel habit during which they have one or no bowel movement in a day followed by a day with several movements. Occasionally some patients experience episodes of incontinence. Many patients experience clustering of their bowel movements, that is, they have several calls to stool in a row over a two or three hour period and then no movements the rest of the day.

Improving the bowel habit takes a willingness to stick to the prescribed recommendations, seeking guidance from your surgeon and some time to allow the bowel to adjust to the new anatomy. Most of the bowel problems will improve if the stool is kept firmer. A firmer, formed stool can be sensed in the lower rectum better (decreasing urgency), kept from leaking out easier and eliminated more completely. Therefore, the goal of treatment is to improve stool consistency and decrease the number of bowel movements to three or less a day.

In some cases severe diarrhea may be caused by the bacteria, clostridium difficile. Even one dose of antibiotics can cause this type of severe diarrhea. Eating yogurt may help this condition by replenishing the good bacteria in your digestive tract. Signs and symptoms of clostridium difficile are foul-smelling diarrhea that is very frequent and sometimes can be associated with a fever.

Please notify your doctor’s office for any signs and symptoms.

Medicinal Fiber

If you are having frequent or loose stools the first goal is to bulk up the stool and slow down the passage time through the gastrointestinal (GI) tract. The first step is introducing psyllium, a medicinal fiber sold under the brand name Metamucil. Most people take fiber for constipation and take it with a large volume of water to soften the stool and start a bowel movement. To have the reverse affect it is important for patients post bowel resection to take their fiber supplement with little or no additional water.

To do this, start the process by taking one teaspoon of Metamucil and mix it into a food substance. Ideal foods are oatmeal, yogurt, pudding, a mashed banana, applesauce, creamy peanut butter or mashed potatoes. Take this as part of your morning and evening meal. Drink little fluid with your meal and no extra fluid for one hour after the meal. This allows the fiber to act as a sponge in the GI tract, soaking up excess fluid in the digestive system and thus slowing down the system. Continue for three to five consecutive days at the same dose. If the stools are still too loose or frequent, increase the dose by one teaspoon every three to five days until the desired affect is reached or the dose is at one tablespoon (three teaspoons) twice a day.
Medication
Early in the postoperative period, prior to the fiber and dietary changes having their full effect, it may be necessary to use anti-diarrheal medications such as Imodium or Lomotil to decrease your number of bowel movements. These medications should be discussed with your doctor before instituting their use. At times, it is necessary for the patient to take up to eight of these tablets a day, but more often, one or two tablets a day will make life bearable until the other remedies kick in.

Dietary Changes
Changes in diet can help bulk up the stool and train the bowel to empty at a predicable time each day. Eating a large meal or drinking a hot liquid will cause a normal push down the GI tract. When frequent bowel movements occur, drink less fluid with your meals, drink more fluids between meals and avoid hot beverages. Increasing the amount of starches and constipating foods in your diet will help thicken stool and slow bowel actions. These foods include: pasta, crackers, bananas, rice, white bread, applesauce, potatoes, cheese and creamy peanut butter. To start the bowel training process, pick a meal around which you’ll train your bowel to empty. Bowel training is done around a meal to take advantage of the fact that a large meal causes a normal push down the GI tract. Choose a time when you can consistently follow the program.

- Before that meal drink 1oz of prune juice
- Eat the big meal
- Drink a hot liquid. If this does not produce results you may try a glycerin suppository after the hot liquid.
- Do this for three straight days. If you don’t empty as planned, substitute a bisocodyl suppository for the glycerin suppository
- If this is effective, stay with the program for two weeks then stop using the suppositories

By this time, the trigger for the bowel to empty will be the prune juice, the big meal and the hot liquid. Be sure to check with your doctor before using an enema or suppository.

Adjusting the Bowel Management Program
As the bowel accommodates to the absence of the segment which was removed, further improvements in the bowel habit can be expected and over time the amount of fiber and medications used can be reduced and the changes in diet eliminated. In the long term, the vast majority of patients return to a normal, unrestricted diet without the need for medications. Do not be afraid to continue to adjust your program on your own as you learn what works for you. Keep a positive attitude—things do get better.
Care of Your Ostomy
If you have an ostomy, carefully follow instructions given to you by a Certified Wound Ostomy Continence Nurse (CWOCN) during your hospital stay.

Report problems or signs of infection to your physician.

You may call the Ostomy Outpatient Center for any questions or concerns.

While in the hospital, the Case Manager and the CWOCN will set up some home health visits if applicable to assist you with the care of your ostomy at home.

Diet Following Ostomy Placement
It is important to follow the guidelines provided here for six to eight weeks after your ostomy placement. Ileostomy patients may need to follow the guidelines longer.

After six to eight weeks, add new foods one at a time to make certain you can tolerate them.

The following suggestions will help you to prevent blockage and limit unpleasant odor and gas.

HINTS TO GET STARTED
Drink eight to ten cups of liquids each day to prevent dehydration and constipation.

To prevent gas, avoid using straws for beverages and chew slowly with your mouth closed.

Gas and odors that may occur after you eat some foods can often be controlled with carbon filters and deodorants. Most people with an ostomy do not have to avoid these foods completely. Try eating small amounts to see how well you tolerate them.

**Odor-producing foods:**
Eggs • cheese • fish • asparagus • onions • garlic • cabbage • coffee • alcohol

**Odor reducing:**
Cranberry juice • buttermilk • parsley • yogurt

**Gas-producing foods:**
Broccoli • brussel sprouts • cabbage • cauliflower • cucumber • green pepper • dried beans & peas • melon • milk • beer, carbonated beverages • fatty foods • highly spiced foods
Resources For Additional Information

Crohn's and Colitis Foundation of America .................................................. 800.932.2423
www.ccfa.org

National Digestive Diseases Information Clearinghouse .......................... 301.654.3810
www.niddk.nih.gov/health/digest/nddic.htm

United Ostomy Association ................................................................. 800.826.0826
www.uoa.org

Ostomy Outpatient Center ................................................................. 954.344.3094

Wound, Ostomy and Continence Nurses Society ................................. 1.888.224.WOCN (9626)
www.wocn.org

Broward Ostomy Association
www.BOA.org

United Ostomy Associations of America, Inc. (UOAA) ......................... 1.800.826.0826
www.uoaa.org

Hollister Incorporated
www.hollister.com

Friends of Ostomates Worldwide
www.fowusa.org

International Ostomy Association
www.ostomyinternational.org
This guidebook was developed by Broward Health Coral Springs Colorectal Program committee and represents the guidelines set forth by the surgical team. Broward Health does not recommend this guidebook for any specific person. Only your colorectal surgeon can recommend and prescribe an appropriate course of treatment for your specific condition.

Welcome to the Broward Health Coral Springs Colorectal Program.

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PATIENT NAME

___________________________________________
SURGERY DATE

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TIME OF YOUR SURGERY